

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1907		Sept	7	Age	80	
Sex	Female	Color or Race	Colored	Birth-place	Marian	
Occupation	Housework		Where Residing if not at place of death		Marian	
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name	cant find out				Father's Birthplace	Don't know
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	John Williams				How related to deceased	Grandmother

CAUSES OF DEATH

Primary	Old age	(154)	How long	6 months
Immediate	Parientice		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. A. Lauck, Jr. - H. Officer
			Address	Martin St. Md.
Accident or Suicide?				



Name
in
Full

Rufus Bowman

CERTIFICATE OF DEATH

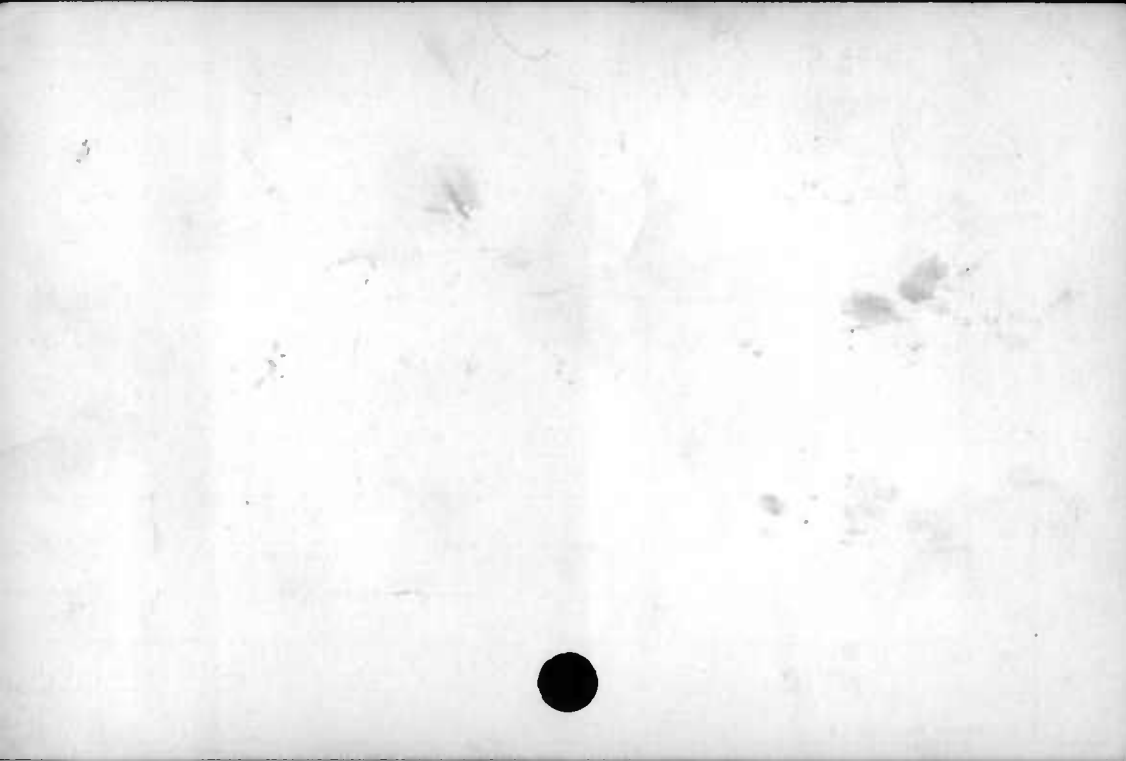
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	28th			4	
Sex	male			Color or Race	white		
Birth-place	Som. Co.						
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Rufus B. Bowman			Father's Birthplace			
Mother's Maiden Name	Mary V. Bowman			Mother's Birthplace			
Name of person giving information	Rufus Bowman			How related to deceased			
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Iles. Cilitis	(105)	How long	Two weeks
Immediate	Asthma		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. J. Wadsworth, M.D.	
		Address	Somers Quarter, Somerset Co., Md.	
Accident or Suicide?	No			



Name
in
Full

Francis A. Briddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

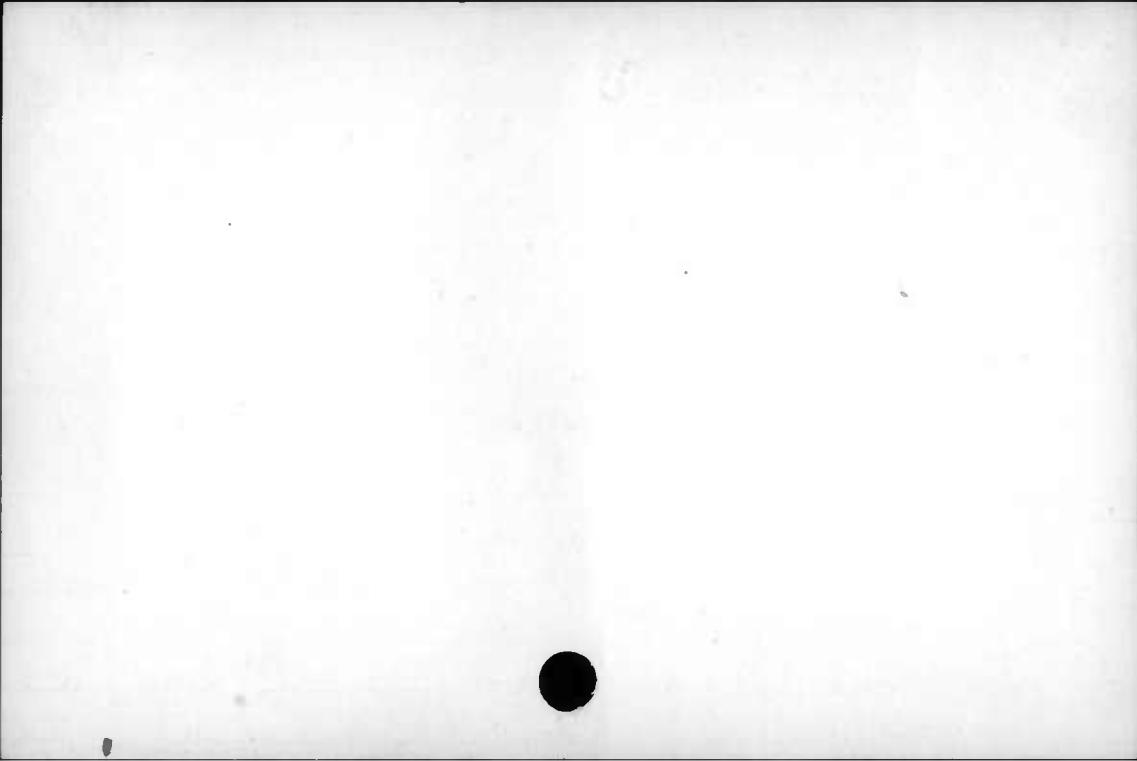
Died at <i>near Princess Anne</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>9th</i>	Day <i>22nd</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>			Name of Wife or Husband				
Father's Name <i>David Briddell</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>— Dryden</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>John W. Briddell</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

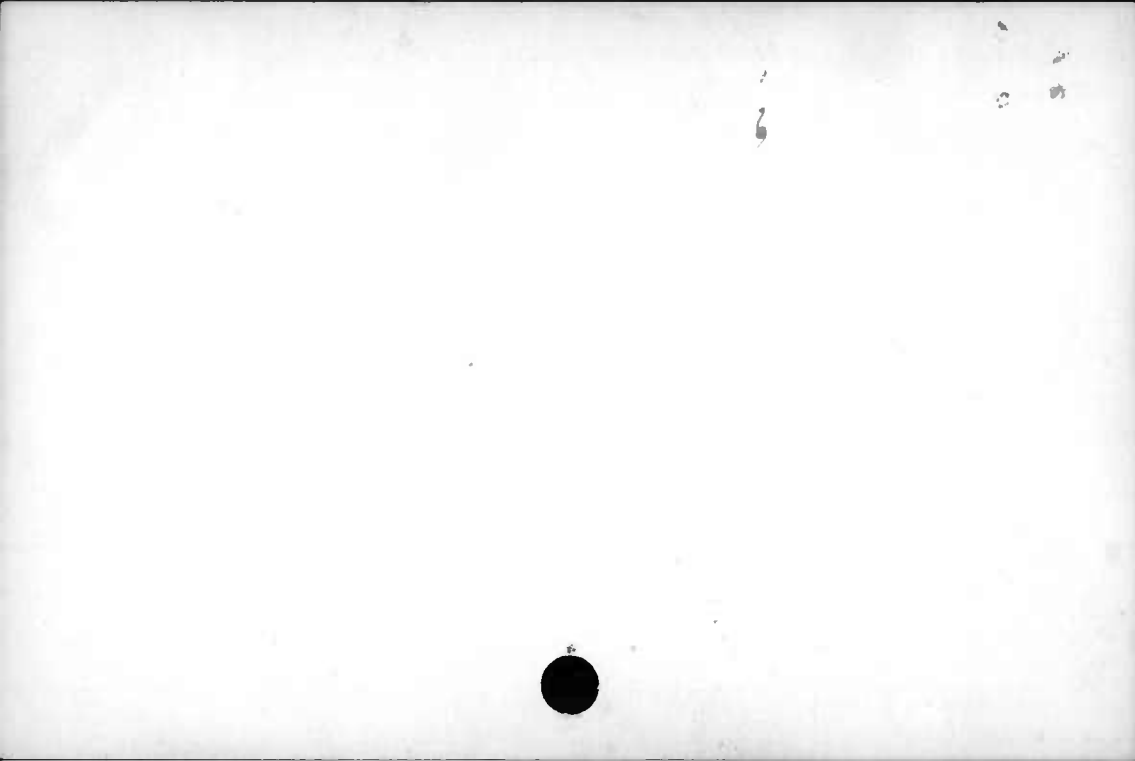
154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>?</i>
Immediate	<i>Exhaustion</i>	How long	<i>7 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>W. Henry Fisher M. D.</i>	
<i>of my knowledge.</i>		Address <i>Princess Anne</i>	
Accident or Spicide? <i>No</i>		<i>Ind.</i>	



Name in Full		No Name				Birmingham				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near Pocomoke City		Town		Somerset		County		MARYLAND	
		Date of death		1907		Month		Sept		Day		11	
		Age		Years		Months		1		Days		2	
		Sex		Male		Color or Race		White		Birth-place		on farm Dublin	
		Occupation		Infant		Where Residing if not at place of death		at place of death					
		Married, Single or Widowed		Single		Name of Wife or Husband							
		Father's Name		Burton Brittingham						Father's Birthplace		Dublin Somerset Md	
Mother's Maiden Name		Lillie Beauchamp						Mother's Birthplace		Worcester Co			
Name of person giving Information		Burton Brittingham						How related to deceased					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Gastro enteritis				(105)		How long		one month	
		Immediate		Inanition						How long		one month	
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		F. T. Brittain			
		Address		Pocomoke						Md			
Accident or Suicide?													



Name
in
Full

Mary Burries

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

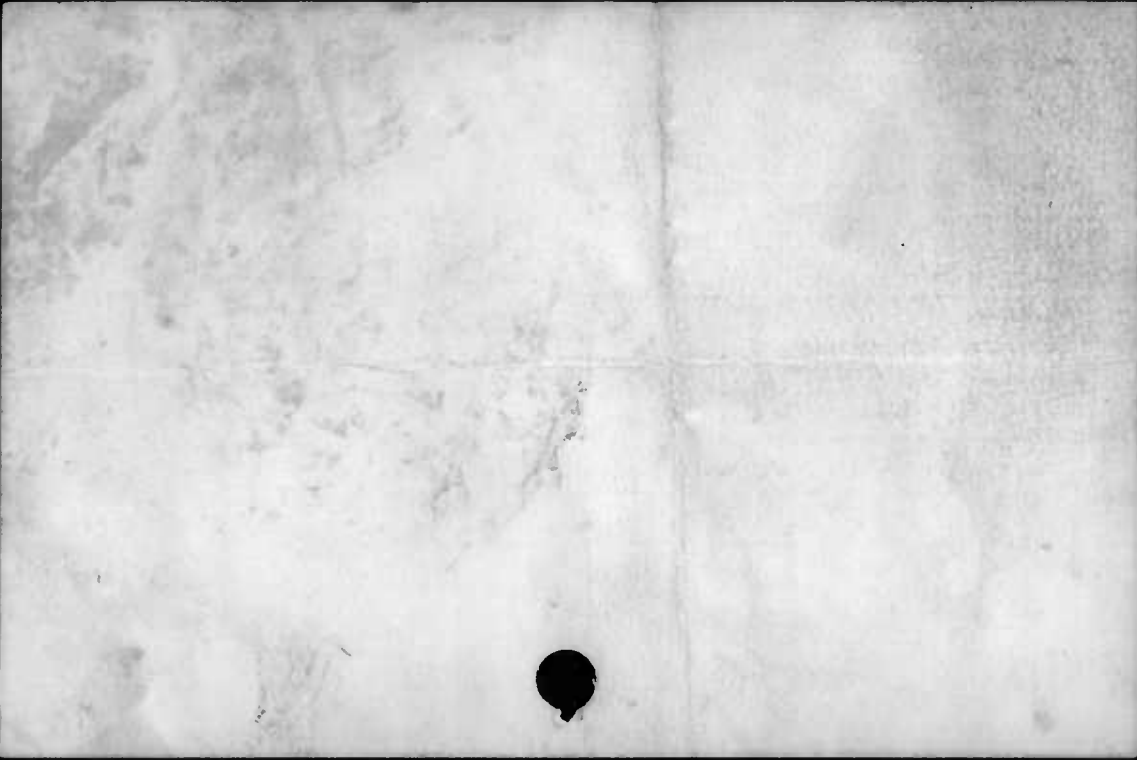
Died at <i>Widgcon</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1907	Month	9 th	Day	9 th
Age		28		Years	
Sex	Female		Color or Race	Colored	
Occupation	House wife		Birth-place	Traflet, Wisconsin G. D.	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Burries	
Father's Name	? King		Father's Birthplace	Wisconsin G. D.	
Mother's Maiden Name	? Unknown.		Mother's Birthplace	" " "	
Name of person giving information	Husband.		How related to deceased	Husband.	

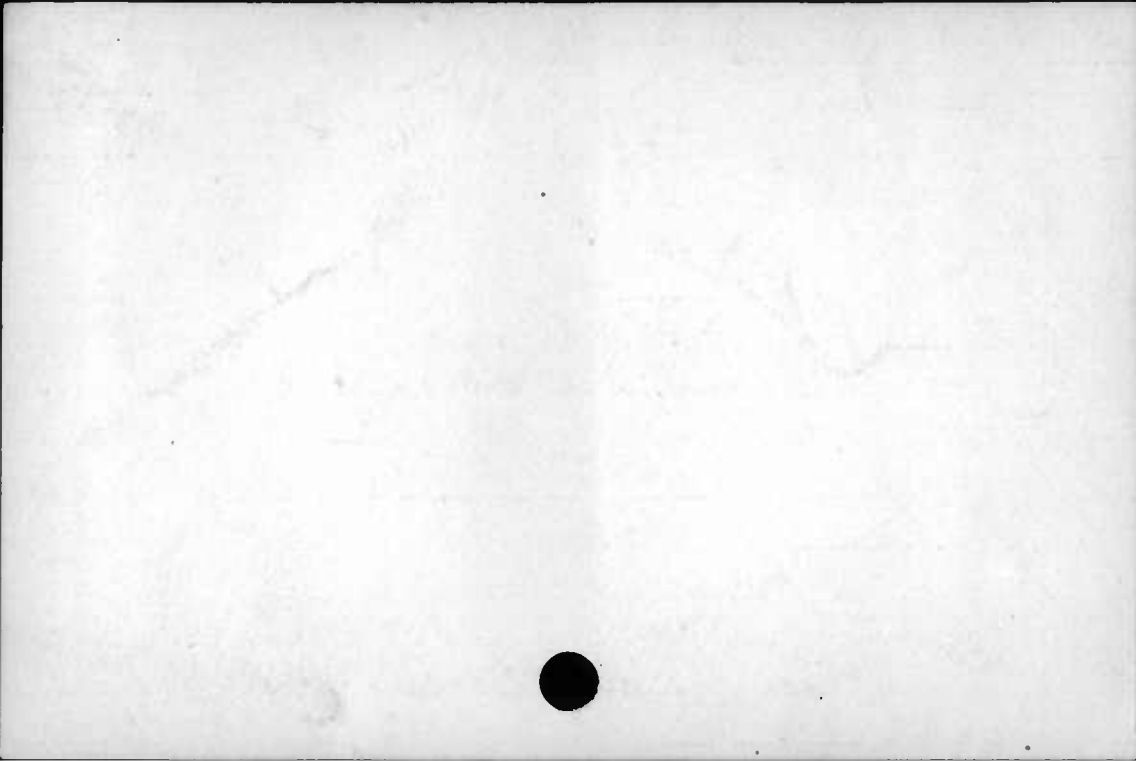
CAUSES OF DEATH

27

PHYSICIAN,
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	?
Immediate	<i>Asthemia</i>		How long	10 days.
Are the name, age, sex, color, date and place correctly given above?		Is best		
I say I know ledge		Signature of Physician		
Accident or Suicide?		No.		
		Address		
		<i>W. Henry Fisher M.D.</i>		
		<i>Princess Anne</i>		
		<i>Ind.</i>		





Name
in
Full

Ella Dawson

CERTIFICATE OF DEATH

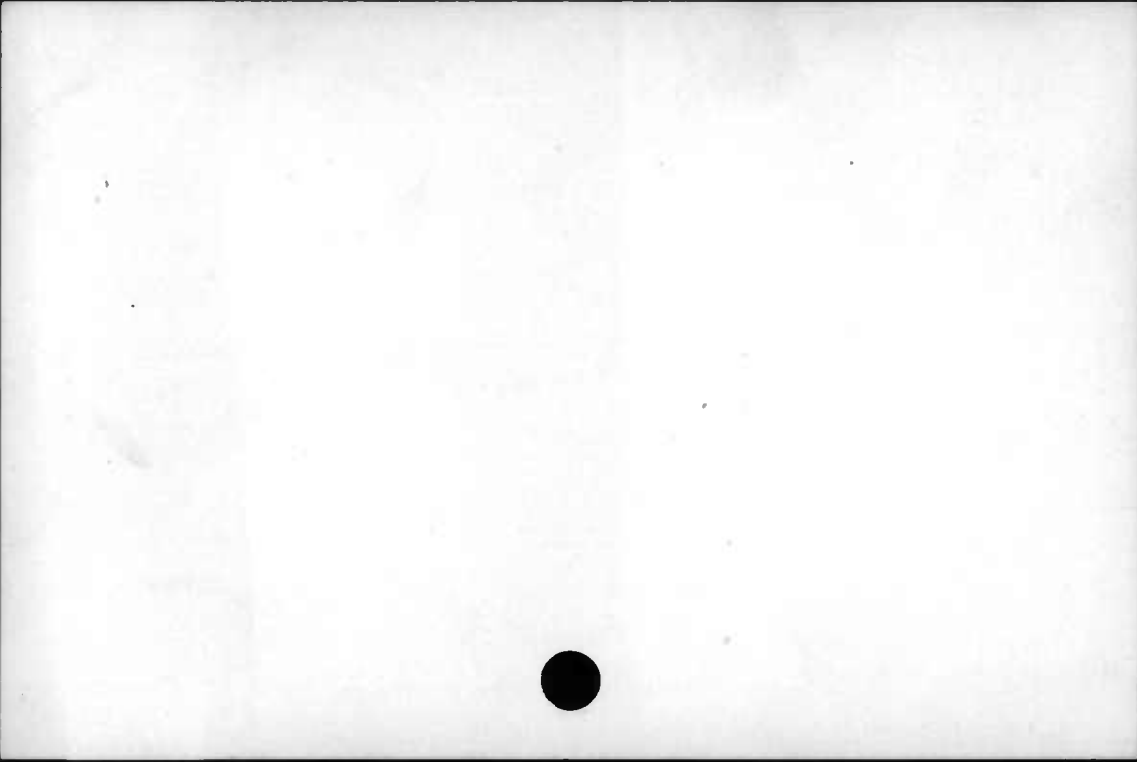
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	5th				
Sex	Female	Color or Race	Colored	Birth-place	Somerset Co.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
William Dawson							
Father's Name	Francis Wilson				Father's Birthplace	Somerset Co.	
Mother's Maiden Name	Mary W. Roxburn				Mother's Birthplace	Somerset Co.	
Name of person giving information	William Dawson				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		(27)	How long
Immediate	Asphyxia			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			A. J. Windsor, M.D.	
			Address	
			Somerset Co. Md.	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

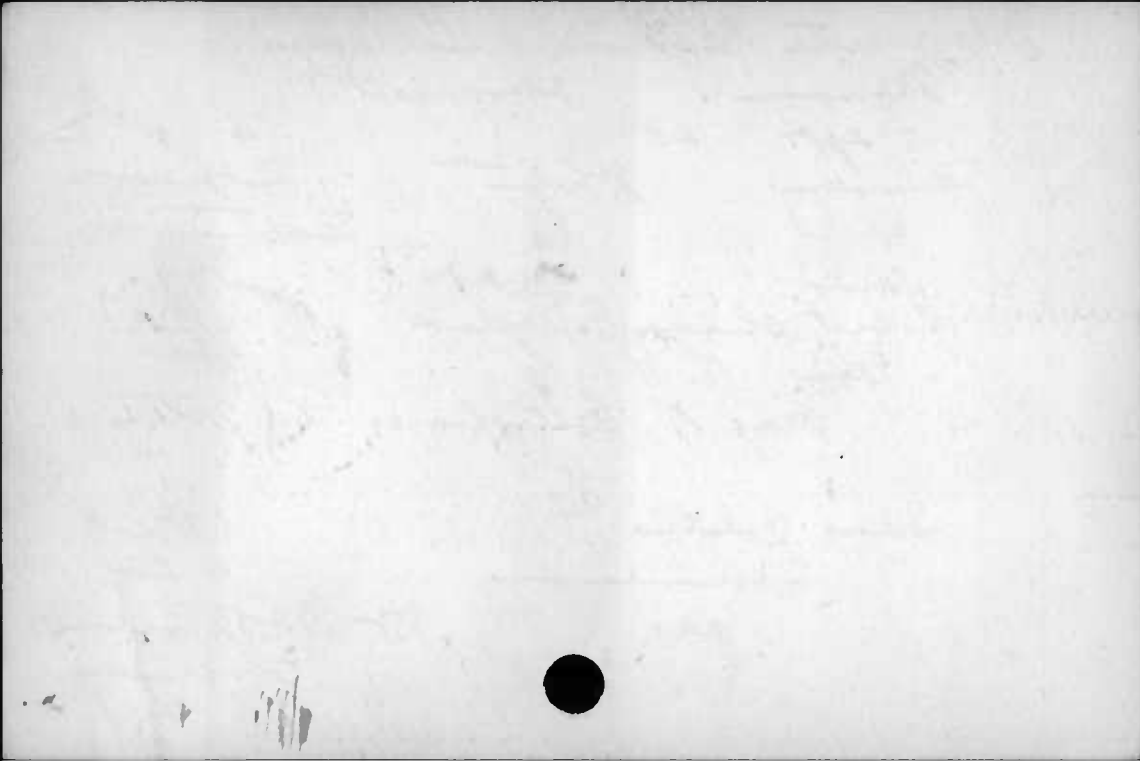
Died at		Town		County		MARYLAND		
Date of death		190	Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name

in
Full

Marguerette Elizabeth Gallagher

CERTIFICATE OF DEATH

Died at Marion TownSomerset County

MARYLAND

Date of death 1907 Sept Month28 DayAge 4 Years4 Months2 DaysSex FemaleColor or Race WhiteBirth-place BaltimoreOccupation childWhere Residing if not at place of death BaltimoreMarried, Single or Widowed ChildName of Wife or Husband childFather's Name Robert Shane GallagherFather's Birthplace BaltimoreMother's Maiden Name Mary K. GellnerMother's Birthplace BaltimoreName of person giving information Mary K. GallagherHow related to deceased Mother

CAUSES OF DEATH

105

Primary

Ileus Colitis

How long

1 Week

Immediate

Convulsions

How long

4 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

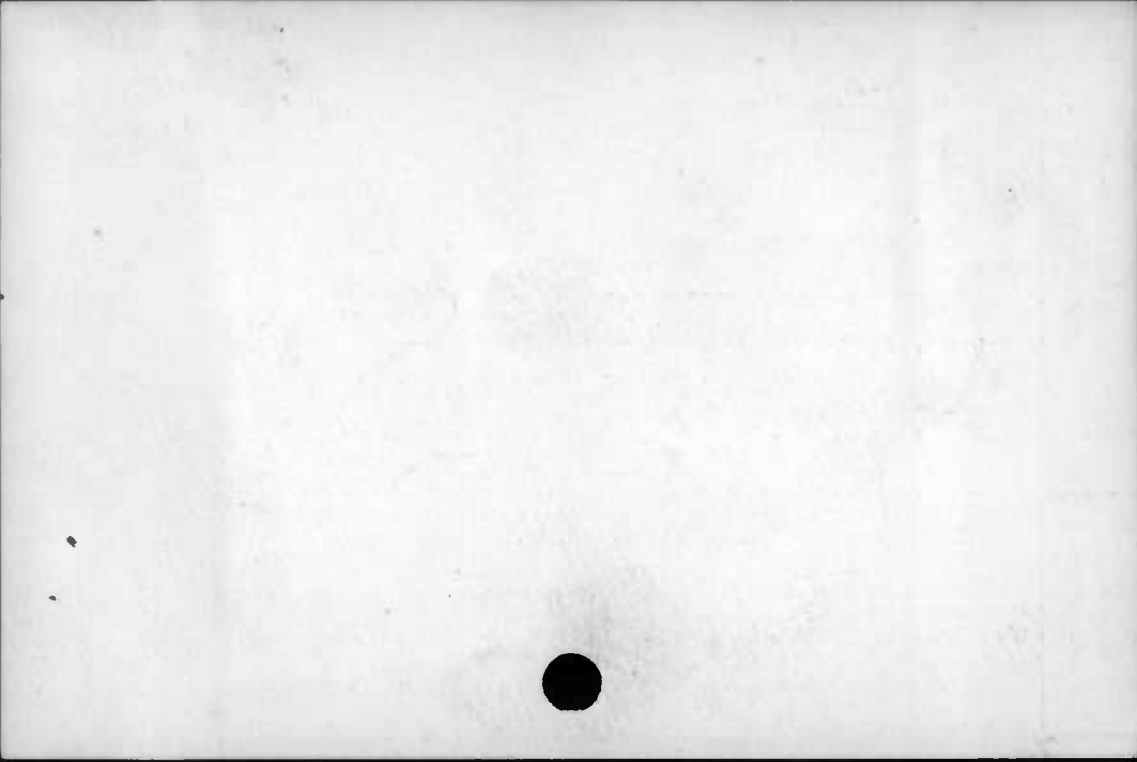
Dr J. A. B. Allen,

Address

Marion,
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Elizabeth H. Gladden

CERTIFICATE OF DEATH

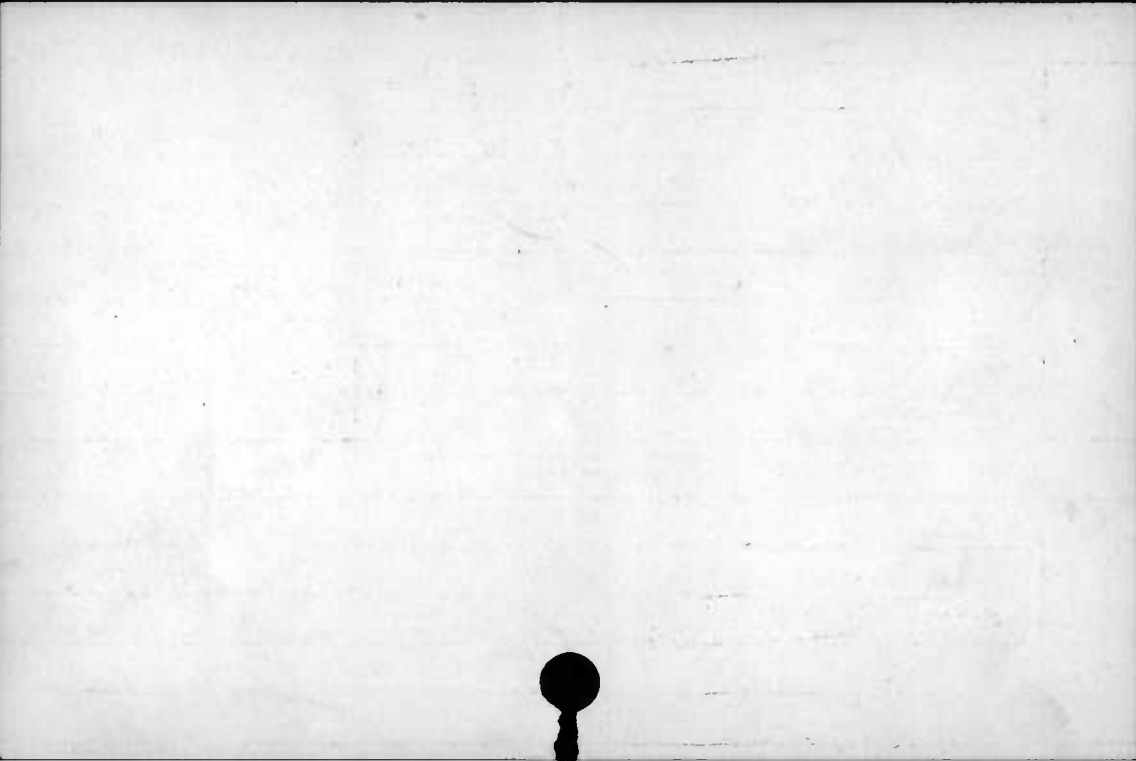
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chauce		County Somerset		MARYLAND	
Date of death		1907	Month Sept.	Day 31st	Age 73	Years	Months -
Sex Female		Color or Race White		Birth-place Somerset Co.		Days -	
Occupation Housewife				Where Residing if not at place of death -			
Married, Single or Widowed Married		Name of Wife or Husband George H. Gladden					
Father's Name John K. Shores		Father's Birthplace Som. Co.					
Mother's Maiden Name Charlotte E. Webster		Mother's Birthplace Som. Co.					
Name of person giving information Calvin Gladden		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	106 weeks
Immediate	Asthma	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. Winder, M.D.	
Address Samuel Webster, Somerset Co., Md.			
Accident or Suicide?		No	



Name
in
Full

Mallin Hoales.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Hill</i>		Town <i>Green Hill</i>		County <i>Sumner</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>sep</i>	Day <i>4</i>	Age <i>30</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband						
Father's Name <i>Richard</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Eve Miles</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Herbert Coates</i>	How related to deceased <i>Uncle</i>						

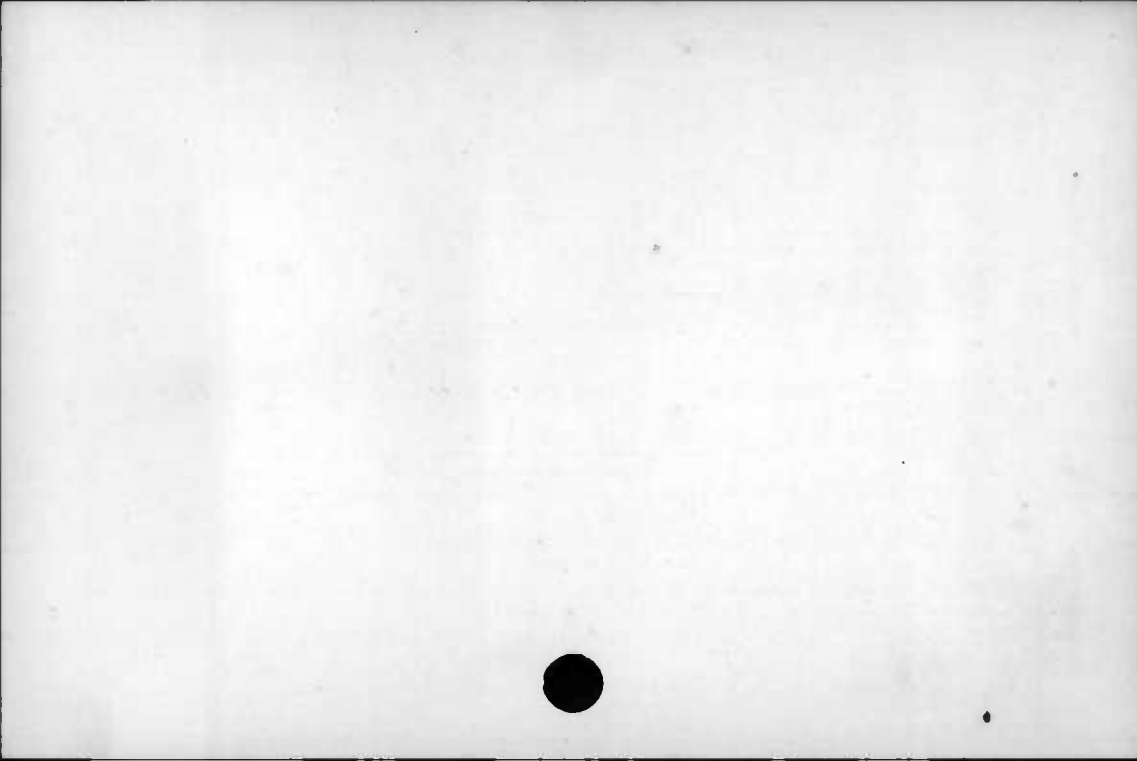
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tropical Affection died</i>	How long <i>177</i>
Immediate <i>two days after returning from Baltimore Hospital</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G.W. Riddle Sub reg</i>
	Address <i>Protonoke City md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Harperwood</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND
	Date of death <i>1907</i>	<i>Sept</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>55</i> <small>Years</small>	<i></i> <small>Months</small>
	Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Northampton Va</i>		
	Occupation <i>Day Laborer</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Gipsorah Harmon</i>			
	Father's Name <i>Unknown</i>	Father's Birthplace <i>Va</i>			
	Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Endocarditis</i>		How long <i>3 weeks</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W F Reed</i>		
			Address <i>Confield Rd</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

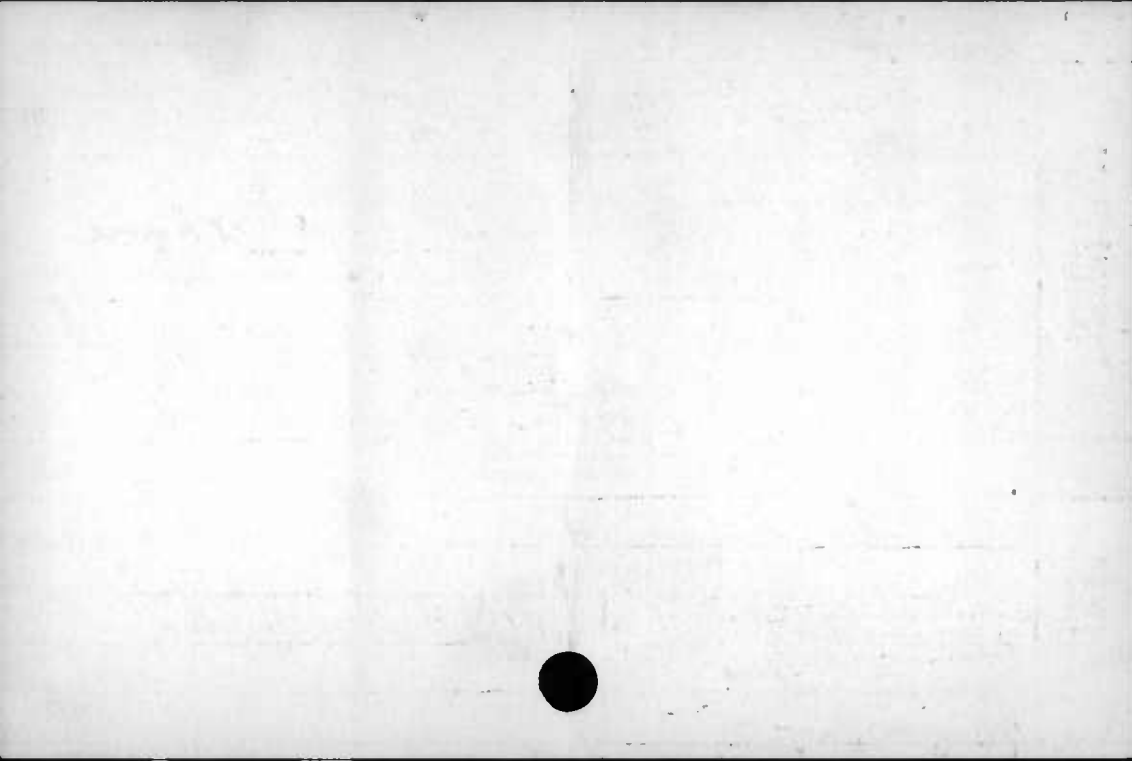
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Weymouth</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>9</i> Day <i>25</i>		Age <i>77</i> Years		Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Not-Obtainable</i>	
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Weymouth</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Jas Jones</i>			
Father's Name <i>Not-Obtainable</i>		Father's Birthplace <i>Not-obtainable</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Fannie White</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	<i>(66)</i>	How long <i>Indefinite</i>
Immediate <i>Paralysis</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. J. Schwatka</i>
		Address <i>Beals Island.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Elizabeth Lattimore

CERTIFICATE OF DEATH

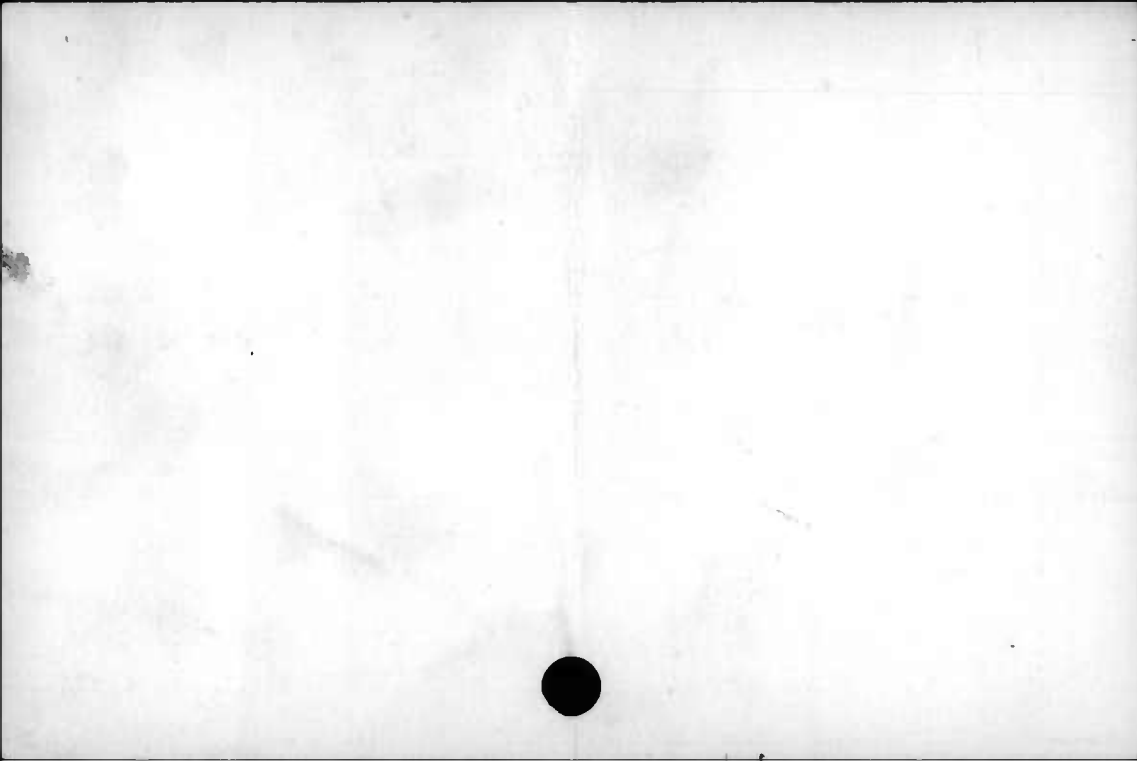
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Upper Fairmount</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month <i>7</i>	Day <i>3</i>	Years <i>45</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fairmount</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Lattimore</i>					
Father's Name <i>James E. Walston</i>		Father's Birthplace <i>Somerset</i>					
Mother's Maiden Name <i>Sallie Hunt</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Clarence Lattimore</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	<i>(68)</i>	How long	<i>About 3 months</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. E. Dickinson</i>		
<i>Yes</i>		Address <i>Upper Fairmount</i>		
<i>Accident or Suicide?</i>		<i>Md</i>		



Name
in
Full

CERTIFICATE OF DEATH

Mary Messick

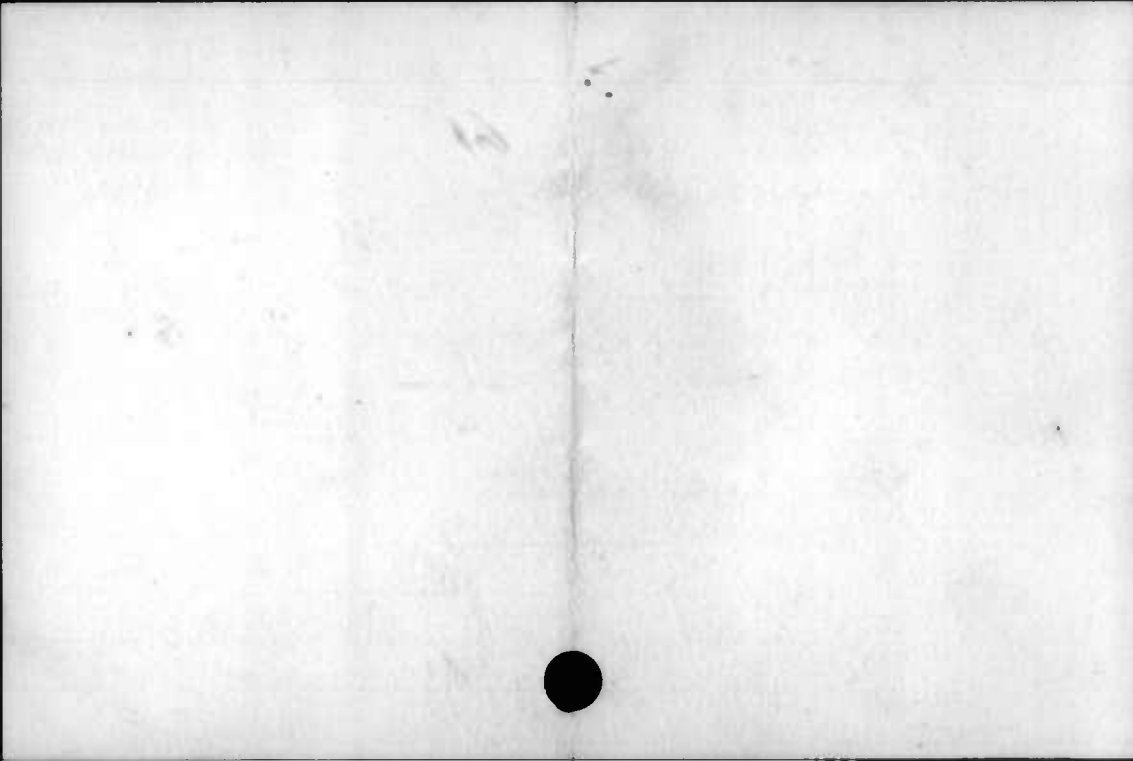
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darius Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>27th</i>	Age <i>61</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Morin</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Messick</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Mary Bowman</i>	Mother's Birthplace <i>Som. Co.</i>				
Name of person giving information <i>Chas. Watson</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>(64)</i>	How long <i>2 min.</i>
Immediate		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>	Address <i>Darius Quarter, Somerset Co., Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	12			4	
Sex	Female		Color or Race	White		Birth-place	Edwin
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name			Edwin H. Mailigan			Father's Birthplace	
						Som. Co.	
Mother's Maiden Name			Lillie Mailigan			Mother's Birthplace	
						Som. Co.	
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mocrasimus	(151)	How long	4 mos
Immediate				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician		
		G. W. Gill		
		Address		
		Manokin		
		Mod.		
Accident or Suicide?				



Mr J. W. Zander

Zanderville

Md.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Deal Island* ^{Town}*Somerset* ^{County}

Date

of death *1907*Month *9*Day *7*Age *33*

Years

Month *7*Days *—*

Sex

*Male*Color or
Race*White*Birth-
place

Occupation

*Baker*Where Residing if not
at place of death*Bethesda*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Richard Mister*Father's
Birthplace*Deal Island*Mother's
Maiden Name*Mahinda J. Webster*Mother's
Birthplace*Deal Island*Name of person giving
Information*J. J. Thomas*How related
to deceased*Aunt*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Don't Know

Immediate

Asthma

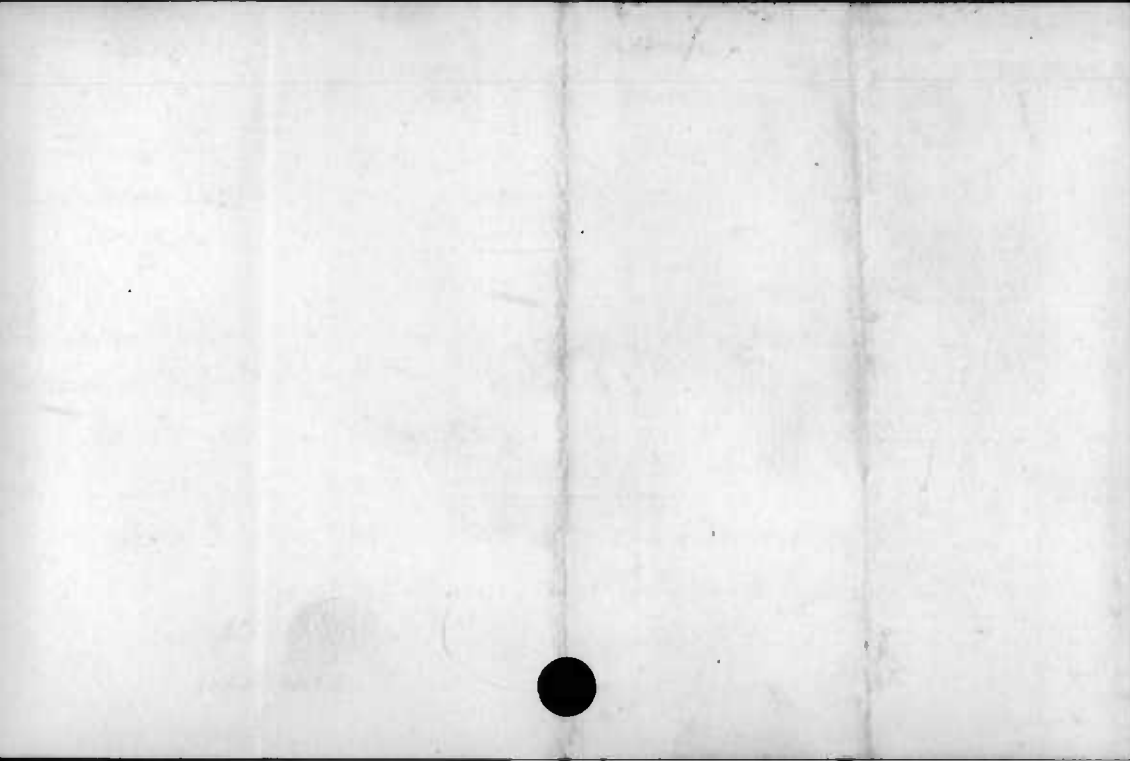
How long

*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. Alexander*

Address

Kennerly Co.

Accident or Suicide?



Name
in
Full

Harry Morrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Fairmount</u> Town		County <u>Somerset</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>10</u>	Age	Years	Months <u>8</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Up. Fairmount</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Harry Morrie</u>		Father's Birthplace <u>Up. Fairmount</u>			
Mother's Maiden Name <u>Lucy Morrie</u>		Mother's Birthplace <u>Up. Fairmount</u>			
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>8 mos</u>
Immediate <u>Stomatitis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. W. Gill</u>
Accident or Suicide? <u>9</u>	Address <u>Monahan</u>
	<u>Mod.</u>



Mr J. W. Zander

Zander ville

Md.

Name
in
Full

Edward Parks

CERTIFICATE OF DEATH

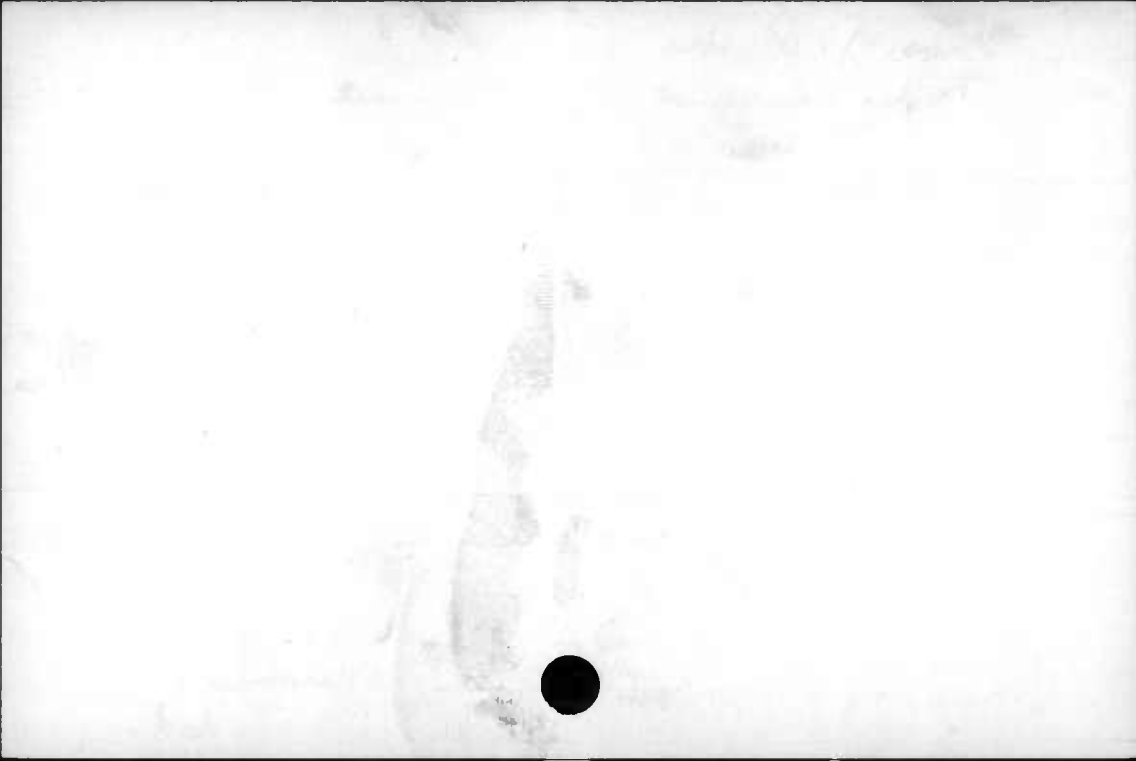
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i> ^{Town}		<i>Corners</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>72</i>	Months <i>11</i> Days <i>18</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Fairmount</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>S.</i>	Name of Wife or Husband			
Father's Name	<i>Alonzo Parks</i>			Father's Birthplace	<i>Fairmount</i>
Mother's Maiden Name	<i>Nita Kimberly</i>			Mother's Birthplace	<i>Fairmount</i>
Name of person giving information	<i>My Own Knowledge</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	<i>(105)</i>	How long	<i>about 3 weeks</i>
Immediate	<i>Enterocolitis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>G. E. Dickinson</i>	
			Address	
			<i>Upper Fairmount</i>	
			<i>W. D.</i>	
Accident or Suicide?				



Name
In
Full

Mrs. J. Parks

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Wesley Fairmount*

Date

1907

Month

Sept.

Day

25

Age

Years

72

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Hollands Isl

Occupation

Captain

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Emma Parks

Father's
Name

Mrs. Parks

Father's
Birthplace

do not know

Mother's
Maiden Name

Annie Parks

Mother's
Birthplace

do not know

Name of person giving
In formation

Mrs. Parks

How related
to deceased

Son

CAUSES OF DEATH

40

Primary

Cancer of the stomach

How long

do not know

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. W. Gill

Address

No anakin

Accident or Suicide?

Mod.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Mr. Thos. W. Landon

Landowille

Mod.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Helen Porter* Town *Brisfield* County *Somerset* MARYLAND

Died at *Brisfield*

Date of death 1907 *Sept* *7* Month Day Age *58* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Princeton*

Occupation *House work* Where Residing if not at place of death *Princeton*

Married, Single or Widowed *Widow* Name of Wife or Husband *H. M. Porter*

Father's Name *Theodore Mashfield* Father's Birthplace *Somerset Co. Md*

Mother's Maiden Name *Elizabeth Fontaine* Mother's Birthplace *Somerset Co. Md*

Name of person giving information *Mrs Helen Richardson* How related to deceased *Daughter*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary *Cataract of Right Eye* How long *2 yrs*

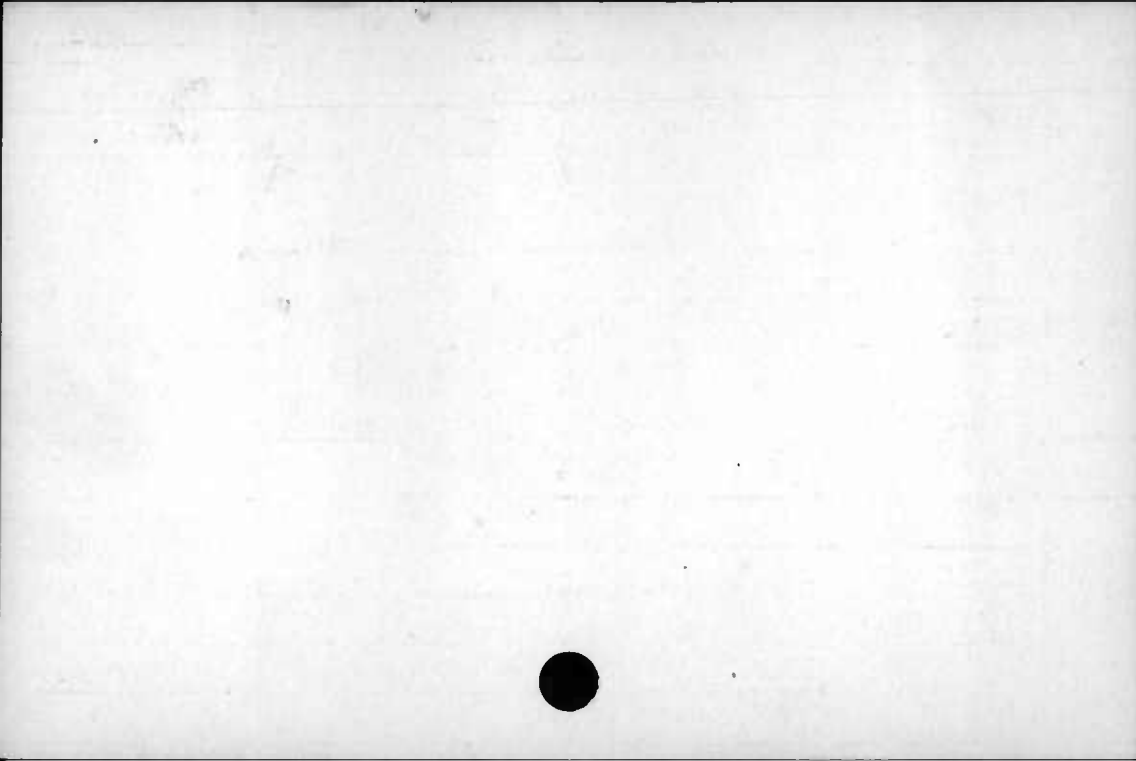
Immediate *2, Diabetes* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. E. Deallen*

Address *Brisfield*

Accident or Suicide?



Name
in
Full

Lizzie Renshaw

CERTIFICATE OF DEATH

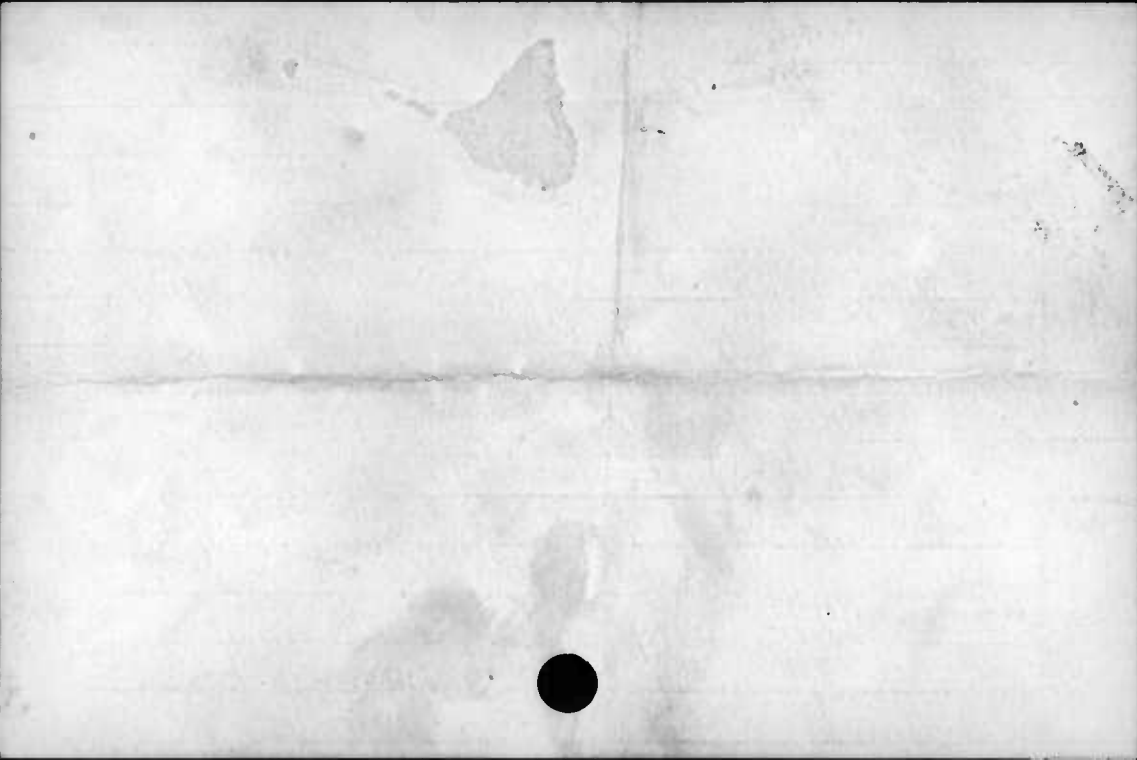
TO BE ANSWERED BY
NEAREST FRIEND

Died at Vernon Town		Solomons County		MARYLAND	
Date of death 1907	Month 9	Day 11	Age 65 Years	Months —	Days —
Sex Female	Color or Race Colored		Birth-place Maryland		
Occupation Housewife	Where Residing if not at place of death —				
Married, Single or Widowed Widow	Name of Wife or Husband Ephraim Renshaw				
Father's Name not known	Father's Birthplace unknown				
Mother's Maiden Name not known	Mother's Birthplace unknown				
Name of person giving information Rev. Hubbard	How related to deceased Not related				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long 3 weeks
Immediate	Anaemia	How long 48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Henry M. Lambford M.D.
		Address Business Office
Accident or Suicide?	no	med



Name
in
Full

Howard Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

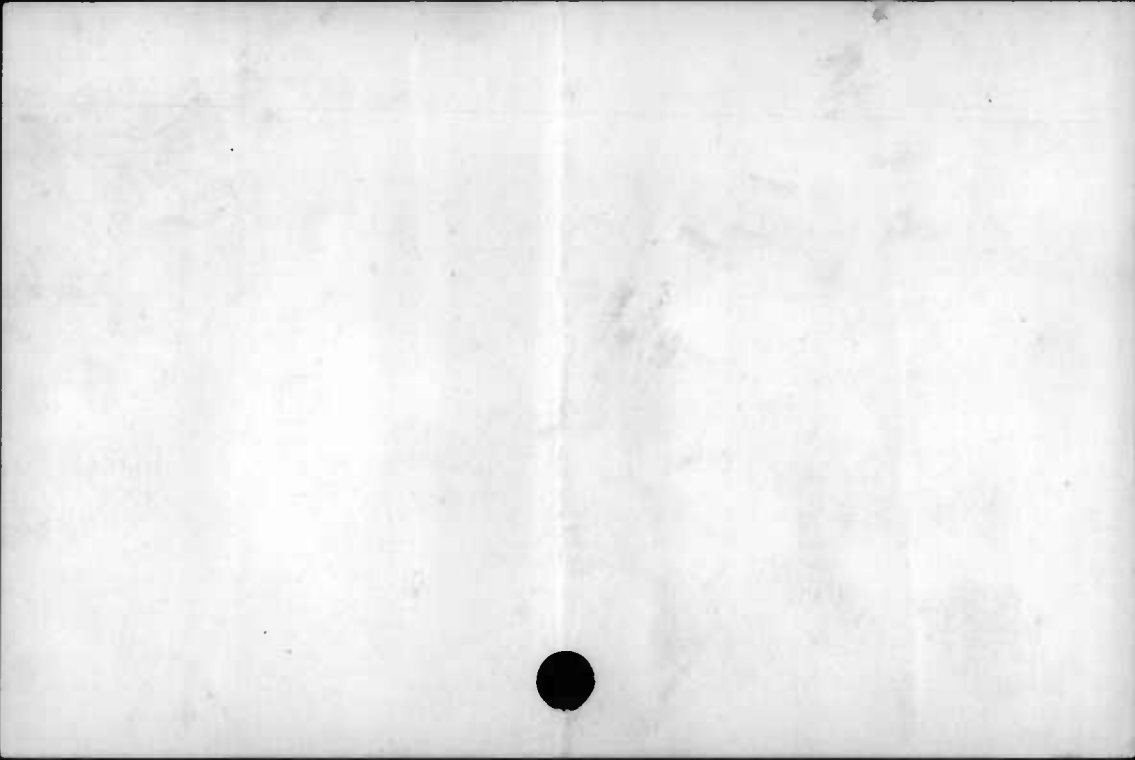
Died at <i>near Princess Anne</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>9th</i>	Day <i>28th</i>	Years	Months <i>26 mo.</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Granville Sanders</i>		Father's Birthplace <i>Wisconsin Co.</i>					
Mother's Maiden Name <i>Amanda Macon</i>		Mother's Birthplace <i>Mt. Vernon Ind.</i>					
Name of person giving information <i>John Fitzgerald</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute nephritis</i>	How long	<i>about 3 weeks.</i>
Immediate	<i>Uraemia</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Is but</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
<input checked="" type="checkbox"/> <i>My knowledge</i> Accident or Suicide? <i>no.</i>		Address <i>Princess Anne, Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

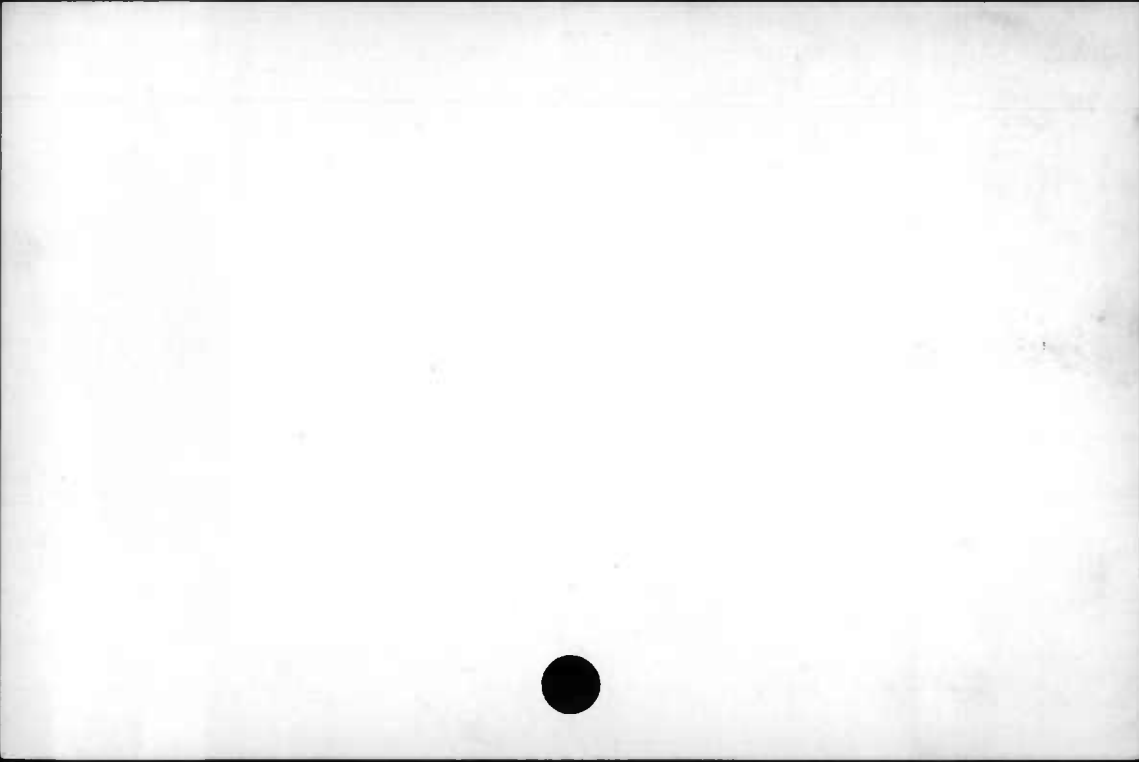
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Stiger		Town Near Westover		County Somerset		STATE MARYLAND	
Died at Near Westover		Month Sept.		Day 21		Years 78	
Date of death 1907		Month Sept.		Day 21		Age 78	
Sex Male		Color or Race White		Birth-place Germany		Months 	
Occupation Weaver		Where Residing if not at place of death At place of death		Months 		Days 	
Married; Single Widowed		Name of Wife or Husband Mary Schiller Stiger		Months 		Days 	
Father's Name Unknown		Father's Birthplace Germany.		Months 		Days 	
Mother's Maiden Name Mary Schiller		Mother's Birthplace Germany		Months 		Days 	
Name of person giving Information John Stiger		How related to deceased Son		Months 		Days 	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age and over work	How long one day
Immediate Apoplexy	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician (64)
Accident or Suicide? No	Address J T Boston
	Pocomoke Md



Name
in
Full

Mary Stiger

CERTIFICATE OF DEATH

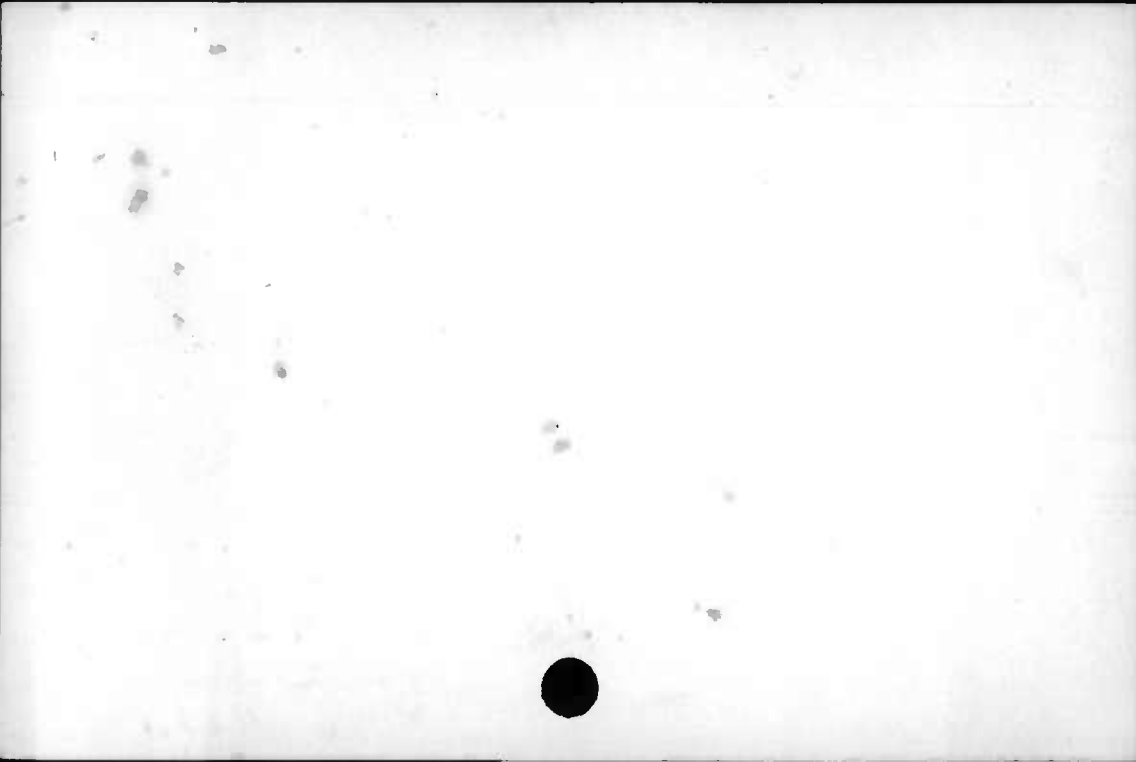
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Westover		^{County} Somerset		MARYLAND	
Date of death	1907	Month	Sept.	Day	29
Age		69		Months	
Sex	Female		Color or Race	White	
Birth-place	Germany				
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		at place of death			
Name of Wife or Husband		John Stiger (decd.)			
Father's Name	Unknown		Father's Birthplace	Germany	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving information	John Stiger		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma	How long	3 years
Immediate	Heart Failure	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Geo	
Signature of Physician		J T Costen	
Address		Bloomfield Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

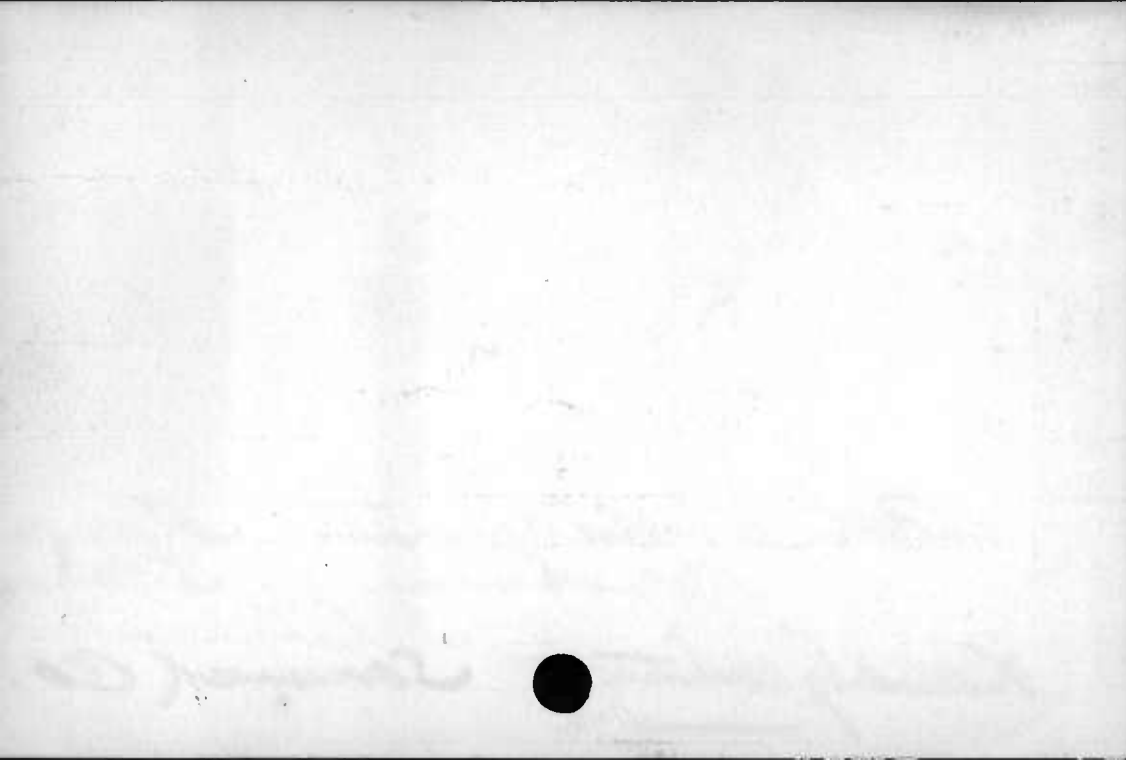
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	22			2	20
Sex		Color or Race		Birth-place			
Male		Colored		Manokin			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Edward Waters				Manokin			
Mother's Maiden Name				Mother's Birthplace			
Bessie Collins				Manokin			
Name of person giving information				How related to deceased			
Hermie Collins				mother & father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Summer Complaint	How long	1 Week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			



Name
in
Full

Roland H Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

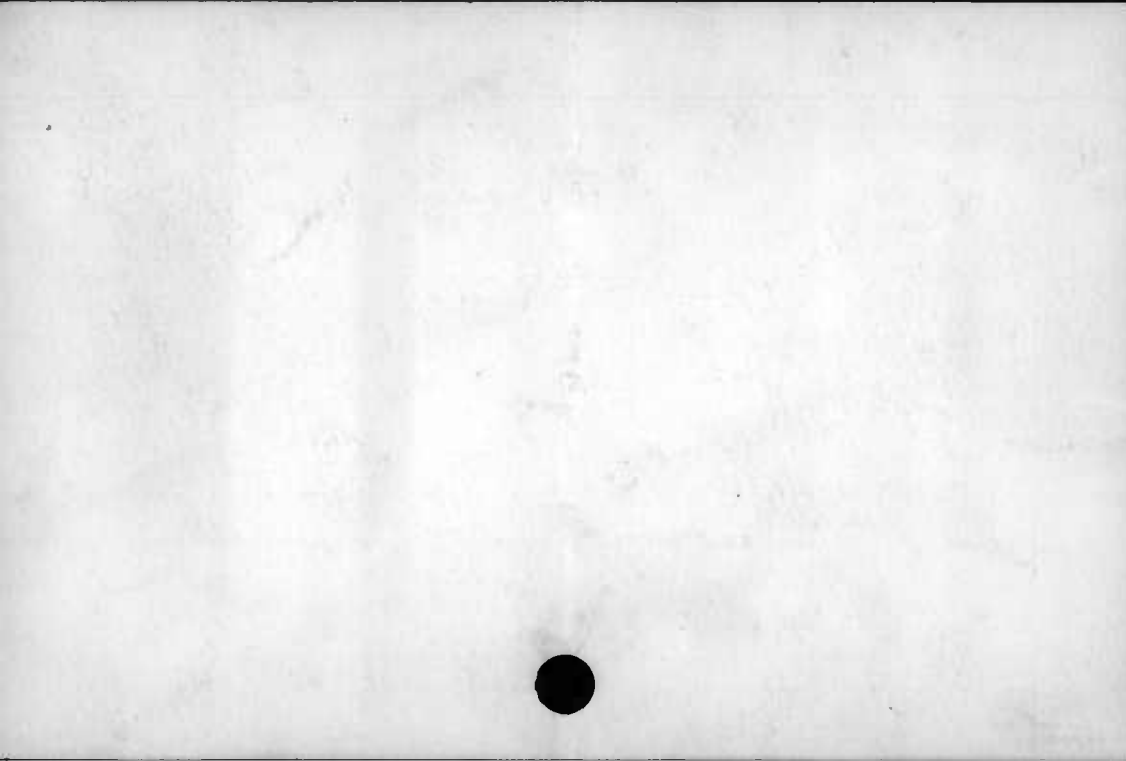
Died at		Town Wenona		County Somerset		MARYLAND	
Date of death		190	Month Sept	Day 16	Age 3	Years 2	Months —
Sex Male		Color or Race White		Birth-place Wenona			
Occupation none		Where Residing if not at place of death Wenona					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Thornton Webster		Father's Birthplace Wenona					
Mother's Maiden Name Brydget Jones		Mother's Birthplace " "					
Name of person giving information Thornton Webster		How related to deceased Father					

CAUSES OF DEATH

(88)

PHYSICIAN
OR CORONER

Primary	Ante Catarrhal Peritonitis	How long	5 days
Immediate	Dyspnoea	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Alexander	
Filled by undertaker		Address Somerset Co.	
Accident or Suicide?			



Name
in
Full

Alexander White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

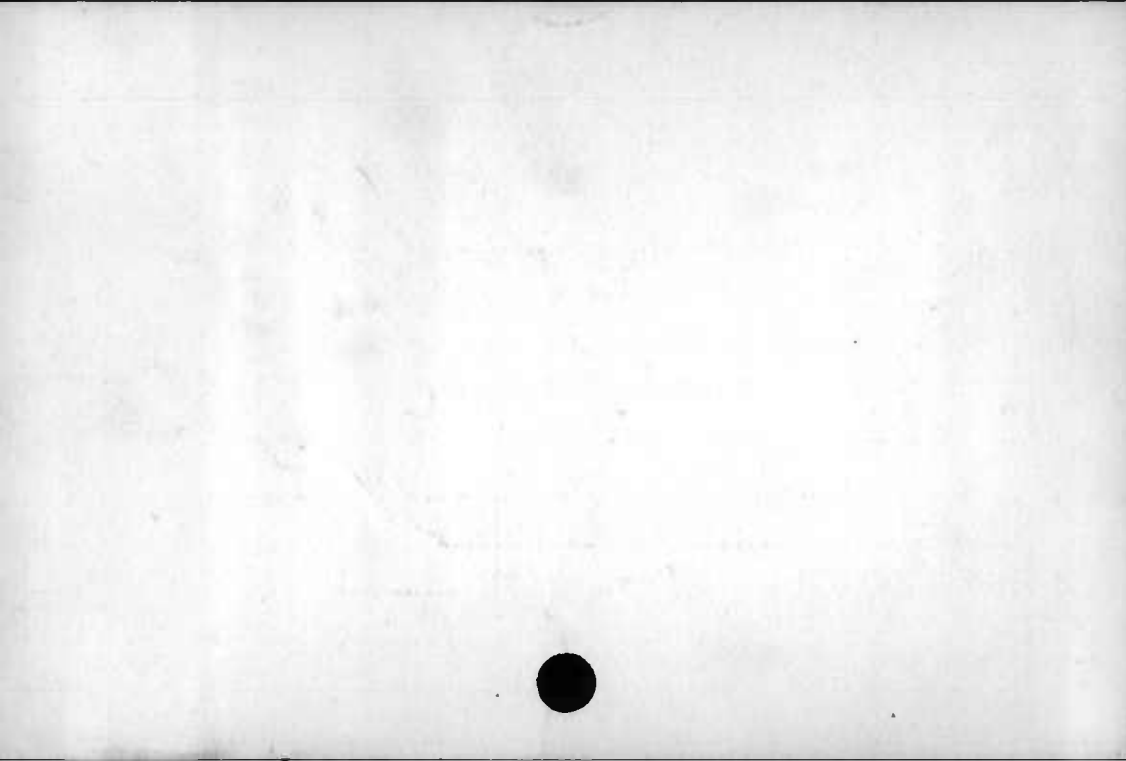
Died at <i>James Quarter Somerset</i>		Town		County		MARYLAND	
Date of death	1907	Month	Sept.	Day	15th	Age	57
Sex	Male	Color or Race	White	Birth-place	Somerset Co.		
Occupation	Oysterman	Where Residing if not at place of death		-			
Married, Single or Widowed	Married	Name of Wife or Husband		Francis M. White			
Father's Name	Thomas White			Father's Birthplace	Somerset Co.		
Mother's Maiden Name	Mary E. James			Mother's Birthplace	Somerset Co.		
Name of person giving information	John P. White			How related to deceased	Son.		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>7 years</i>
Immediate	<i>Nephritis</i>		How long	<i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Accident or Suicide?		no		
Signature of Physician		<i>D. J. Woods, M.D.</i>		
Address		<i>James Quarter, Somerset Co., Md.</i>		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Deal Island* Town *Somerset* CountyDate of death *1907* Sep *14* Age *73* Months DaysSex *male* Color or Race *white* Birth-place *md*Occupation *Mariner* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Mary E. white*Father's Name *Don't know* Father's Birthplace *Maryland*Mother's Maiden Name *don't know* Mother's Birthplace *Maryland*Name of person giving information *Monie White* How related to deceased *md*

CAUSES OF DEATH

Primary *Dysentery* How long *(14)*Immediate *Asthemia* How long

Are the name, age, sex, color, date and place correctly given above?

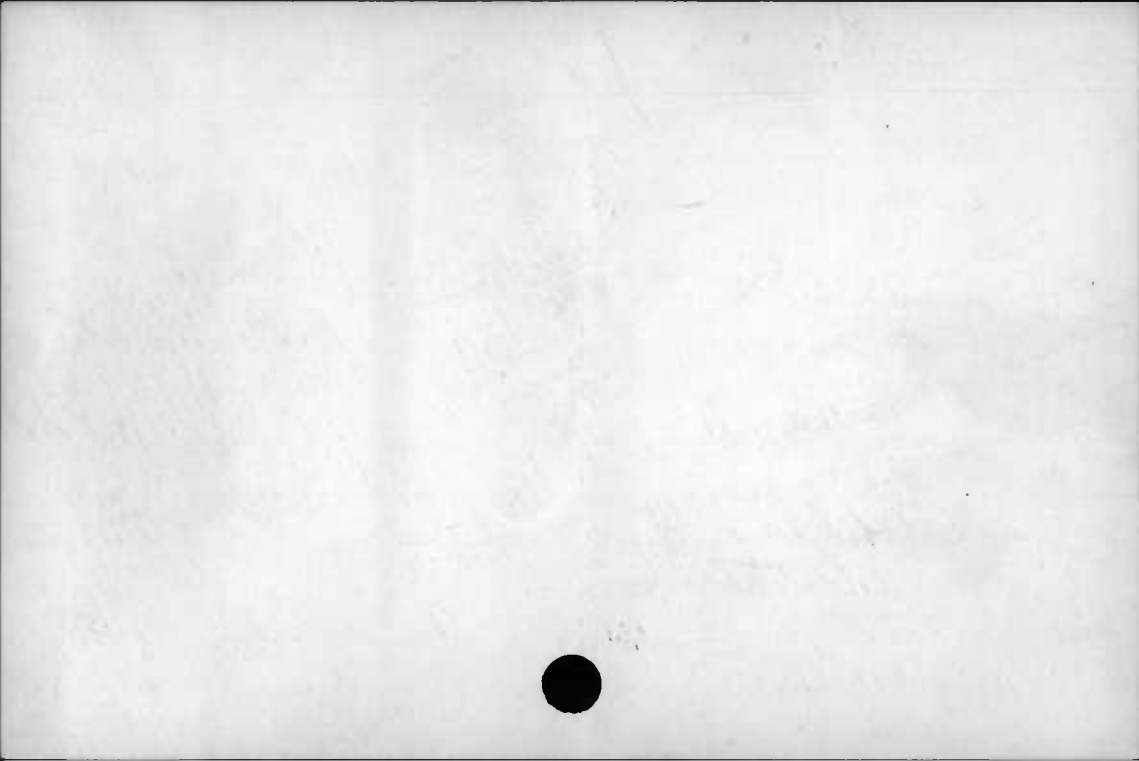
Yes

Signature of Physician

Address

S. J. Henderson md
Edmes Pa

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

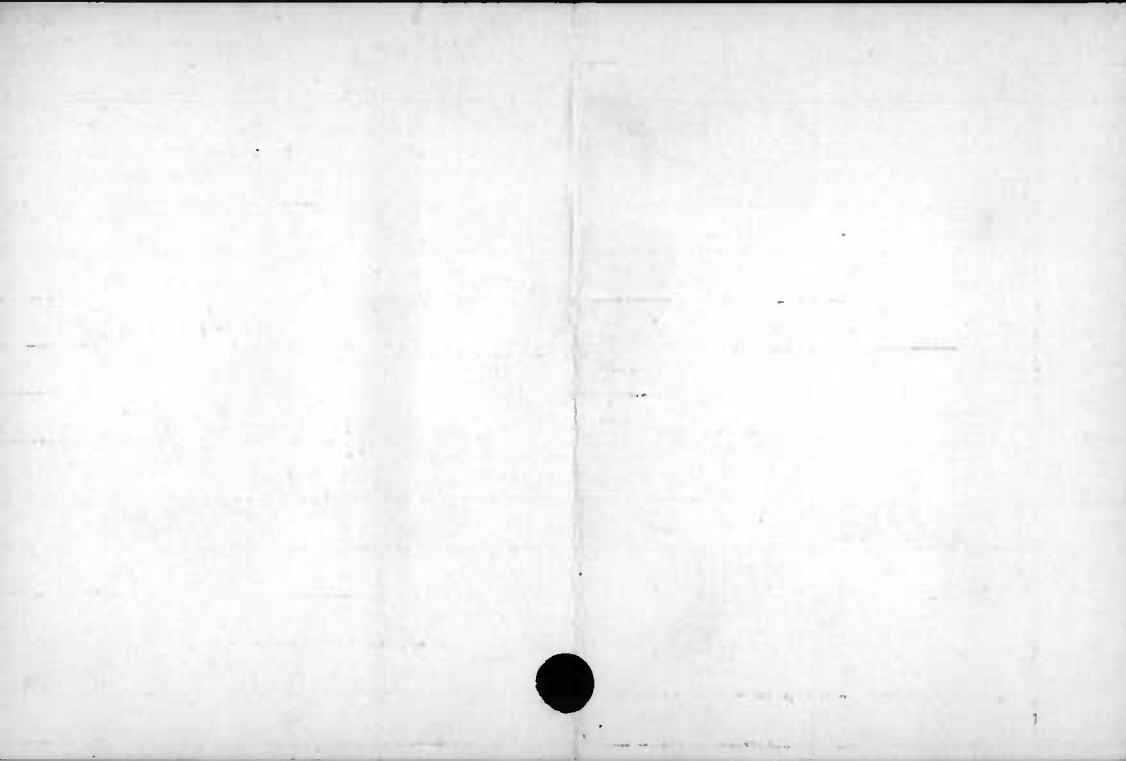
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wenona</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>25</u>	Age <u>18</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wenona</u>			
Occupation <u>Sailor</u>	Where Residing if not at place of death <u>Wenona</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John F White</u>	Father's Birthplace <u>Alabama</u>				
Mother's Maiden Name <u>Margaret Webster</u>	Mother's Birthplace <u>Wenona</u>				
Name of person giving information <u>John F White</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>21 days</u>
Immediate <u>Althemia (Relapse)</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Alexander</u>
<u>Filed by Undertaker</u>	Address <u>Somerset</u>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Arthur G. Woolford		Town Dorchester		County Somerset	
Died at		MARYLAND			
Date of death	1907	Month Sept	Day 29	Age 67	Months 10
				Years 21	Days
Sex	male	Color or Race	white	Birth-place	Somerset Co Md
Occupation	Farmer	Where Residing if not at place of death		Princess Anne Md	
Married, Single or Widowed	married	Name of Wife or Husband	Annie P Woolford		
Father's Name	Leoni Woolford	Father's Birthplace	Somerset Co		
Mother's Maiden Name	Eliza Atkinson	Mother's Birthplace	Somerset Co		
Name of person giving information	A. E. Goodrich	How related to deceased	Son in law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">64</div>					
PHYSICIAN OR CORONER	Primary	Chronic Nephritis	How long	—	
	Immediate	Cerebral Hemorrhage	How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		W. L. Hewell		
	Address		Dorchester Md		
<div style="text-align: center;">9</div> <div style="text-align: center;">Accident or Suicide?</div>					

